

MONTH _____

YEAR _____

Itemized Budget Worksheet	
COST CATEGORY	
SALARIES	AMOUNT
Full Time Employees (From Pay Check Stubs)	\$
Less than Full Time Employees (From PARs)	\$
Contract Employees	\$
*Total Salaries	\$
Fringe	
Taxes	\$
Insurance	\$
	\$
	\$
	\$
	\$
*Total Fringe	\$
TOTAL AMOUNT CLAIMED	\$

*Salary supporting documentation must include:

Salary/Fringe/Travel Form – This form is a breakdown of costs claimed per employee.

Copies of check stubs or Personnel Activity Reports (PAR) must be submitted

MONTH _____ YEAR _____

Itemized Budget Worksheet	
COST CATEGORY	
TRAVEL	AMOUNT
Mileage	\$
Meals	\$
Lodging	\$
Allowance	\$
TOTAL AMOUNT CLAIMED	\$